

| ORDER FOR SUPPLIES OR SERVICES  |  |   |  |  |  |  |  |   |  | PAGE 1 OF 4   |                                 |  |
|---|--|---|--|--|--|--|--|---|--|---|---------------------------------|--|
| 1. CONTRACT PURCH ORDER/AGREEMENT NO.<br><div style="border: 1px solid black; padding: 2px;">DAAE07-00-D-N007</div>   |  |   | 2. DELIVERY ORDER/CALL NO.<br><div style="border: 1px solid black; padding: 2px;">0006</div> |  | 3. DATE OF ORDER/CALL (YYYYMMDD)<br><div style="border: 1px solid black; padding: 2px;">2003MAY13</div>  |  | 4. REQUISITION/PURCH REQUEST NO.<br><div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div> |   | 5. PRIORITY<br><div style="border: 1px solid black; padding: 2px;">DXA4</div>  |   |                                 |  |
| 6. ISSUED BY<br>TACOM<br>AMSTA-AQ-AHPB<br>LINDA WIEDENMEYER (586)574-8078<br>WARREN, MICHIGAN 48397-5000<br>EMAIL: WIEDENML@TACOM.ARMY.MIL<br>HTTP://CONTRACTING.TACOM.ARMY.MIL   |  |   | CODE <div style="border: 1px solid black; padding: 2px;">W56HZV</div>                        |  | 7. ADMINISTERED BY (If other than 6)<br><div style="border: 1px solid black; padding: 2px;">DCMA CLEVELAND<br/>ADMIRAL KIDD CENTER.<br/>555 EAST 88TH STREET<br/>BRATENAHL, OH 44108-1068</div>                |  |  | CODE <div style="border: 1px solid black; padding: 2px;">S3603A</div> |  | 8. DELIVERY FOB<br><div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> DESTINATION<br/><input type="checkbox"/> OTHER<br/>(See Schedule if other)</div> |                                 |  |
| 9. CONTRACTOR<br><div style="border: 1px solid black; padding: 2px;">PARKER-HANNIFIN CORP<br/>AIRBORNE DIV<br/>711 TAYLOR ST<br/>P O BOX 4032<br/>ELYRIA OH 44036</div>   |  |   | CODE <div style="border: 1px solid black; padding: 2px;">26433</div>                         |  | FACILITY <div style="border: 1px solid black; padding: 2px;">A</div>   |  | NONE <div style="border: 1px solid black; padding: 2px;">HQ0337</div>                                      |   | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br><div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div> |   |                                 |  |
| NAME AND ADDRESS<br>PARKER-HANNIFIN CORP<br>AIRBORNE DIV<br>711 TAYLOR ST<br>P O BOX 4032<br>ELYRIA OH 44036  |  |   | TYPE BUSINESS: Large Business Performing in U.S.   |  | 11. X IF BUSINESS IS<br><div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SMALL<br/><input type="checkbox"/> SMALL<br/>DISADVANTAGED<br/><input type="checkbox"/> WOMAN-OWNED</div> |  |  | 12. DISCOUNT TERMS<br>1.00% 10 Days<br>Net 30 Days                    |  |   |                                 |  |
| 13. MAIL INVOICES TO THE ADDRESS IN BLOCK   |  |   | See Block 15   |  |  |  |  |   |  |   |                                 |  |
| 14. SHIP TO<br><div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>   |  |   | CODE <div style="border: 1px solid black; padding: 2px;"></div>                              |  | 15. PAYMENT WILL BE MADE BY<br><div style="border: 1px solid black; padding: 2px;">DFAS - COLUMBUS CENTER<br/>DFAS-CO/NORTH ENTITLEMENT OPERATION<br/>P.O. BOX 182266<br/>COLUMBUS OH 43218-2266</div>         |  |  | CODE <div style="border: 1px solid black; padding: 2px;">HQ0337</div> |  | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2  |                                 |  |
| 16. TYPE OF ORDER<br><div style="border: 1px solid black; padding: 2px;">DELIVERY/CALL <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/></div>  |  |   |  |  |  |  |  |   |  |   |                                 |  |
| THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.  |  |   |  |  |  |  |  |   |  |   |                                 |  |
| Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.   |  |   |  |  |  |  |  |   |  |   |                                 |  |
| furnish the following on terms specified herein.  |  |   |  |  |  |  |  |   |  |   |                                 |  |
| ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. |  |   |  |  |  |  |  |   |  |   |                                 |  |
| NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYYYMMDD) _____  |  |   |  |  |  |  |  |   |  |   |                                 |  |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:  |  |   |  |  |  |  |  |   |  |   |                                 |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>   |  |   |  |  |  |  |  |   |  |   |                                 |  |
| 18. ITEM NO.  |  | 19. SCHEDULE OF SUPPLIES/SERVICE  |  |  | 20. QUANTITY ORDERED/ACCEPTED*   |  | 21. UNIT   | 22. UNIT PRICE  |  | 23. AMOUNT  |                                 |  |
|   |  | SEE SCHEDULE<br>CONTRACT TYPE:<br>Firm-Fixed-Price<br><br>KIND OF CONTRACT:<br>Supply Contracts and Priced Orders |  |  |  |  |  |   |  |   |                                 |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X.<br>If different, enter actual quantity accepted below quantity ordered and encircle.   |  |   |  |  | 24. UNITED STATES OF AMERICA<br>DARYL F. WITTE /SIGNED/<br>WITTED@TACOM.ARMY.MIL (586) 574-7196<br>BY: _____ CONTRACTING/ORDERING OFFICER  |  |  |   |  | 25. TOTAL<br>\$176,400.00   |                                 |  |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED   |  |   |  |  |  |  |  |   |  |   |                                 |  |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |  |   |  |  | c. DATE (YYYYMMDD)   |  | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |   |  |   |                                 |  |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |  |   |  |  | 28. SHIP. NO.  |  | 29. D.O. VOUCHER NO.   |   | 30. INITIALS   |   |                                 |  |
| f. TELEPHONE NUMBER   |  |   |  |  | g. E-MAIL ADDRESS  |  | 31. PAYMENT<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                          |   | 32. PAID BY  |   | 33. AMOUNT VERIFIED CORRECT FOR |  |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.   |  |   |  |  | 37. RECEIVED AT  |  | 38. RECEIVED BY (Print)  |   | 39. DATE RECEIVED (YYYYMMDD)   |   | 40. TOTAL CONTAINERS            |  |
| a. DATE (YYYYMMDD)  |  |   |  |  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER   |  | 41. S/R ACCOUNT NUMBER   |   | 42. S/R VOUCHER NO.  |   | 34. CHECK NUMBER                |  |
|   |  |   |  |  |  |  |  |   |  |   | 35. BILL OF LADING NO.          |  |

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|--------|
|         | SUPPLIES OR SERVICES AND PRICES/COSTS  |          |      |            |        |
| 0014    | NSN: 2910-01-341-4647<br>FSCM: 19207<br>PART NR: 12347231<br>SECURITY CLASS: Unclassified  |          |      |            |        |
| 0014AA  | <u>PRODUCTION QUANTITY</u><br><br>CLIN CONTRACT TYPE:<br>Firm-Fixed-Price<br>NOUN: PUMP,FUEL,ELECTRICAL<br>PRON: EH33S137EH    PRON AMD: 01    ACRN: AA<br>AMS CD: 070011<br><br><u>Description/Specs./Work Statement</u><br>TOP DRAWING NR: TDP 12347231<br>DATE: 16-SEP-1999<br><br>Reference Parker Part Number 1C20-7.<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><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|          |      |            |        |

Name of Offeror or Contractor: PARKER-HANNIFIN CORP

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|------------|--------|
|         | <div>NEW CUMBERLANDPA 17070-5001</div> <div>CONTRACT/DELIVERY ORDER NUMBER<br/>DAAE07-00-D-N007/0006</div> <div>DOC SUPPL</div> <div>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</div> <div>002 W56HZV3070S857 W62G2T J 1</div> <div>DEL REL CD QUANTITY DEL DATE</div> <div>001 7 26-MAY-2004</div> <div>002 100 25-JUN-2004</div> <div>003 61 26-JUL-2004</div> <div>FOB POINT: Destination</div> <div>SHIP TO: FREIGHT ADDRESS</div> <div>(W62G2T) XU DEF DIST DEPOT SAN JOAQUIN</div> <div>25600 S CHRISMAN ROAD</div> <div>REC WHSE 10 PH 209 839 4307</div> <div>TRACY CA 95376-5000</div> <div>CONTRACT/DELIVERY ORDER NUMBER<br/>DAAE07-00-D-N007/0006</div> <div>ACCELERATION OF DELIVERY IS ACCEPTABLE AT NO<br/>ADDITIONAL COST TO THE GOVERNMENT.</div> <div>(End of narrative F001)</div> |          |      |            |        |

Name of Offeror or Contractor: PARKER-HANNIFIN CORP

CONTRACT ADMINISTRATION DATA

| LINE    | PRON/      | OBLG          |      |                           |           |    |      | JOB    |            |               |
|---------|------------|---------------|------|---------------------------|-----------|----|------|--------|------------|---------------|
| ITEM    | AMS CD     | ACRN          | STAT | ACCOUNTING CLASSIFICATION |           |    |      | ORDER  | ACCOUNTING | OBLIGATED     |
|         |            |               |      |                           |           |    |      | NUMBER | STATION    | AMOUNT        |
| 0014AA  | EH33S137EH | AA            | 2    | 97                        | X4930AC6D | 6D | 26FB | S20113 | W56HZV     | \$ 176,400.00 |
|         | 070011     |               |      |                           |           |    |      |        |            |               |
|         |            |               |      |                           |           |    |      |        | TOTAL      | \$ 176,400.00 |
|         |            |               |      |                           |           |    |      |        |            |               |
| SERVICE |            |               |      |                           |           |    |      |        | ACCOUNTING | OBLIGATED     |
| NAME    |            | TOTAL BY ACRN |      | ACCOUNTING CLASSIFICATION |           |    |      |        | STATION    | AMOUNT        |
| Army    |            | AA            |      | 97                        | X4930AC6D | 6D | 26FB | S20113 | W56HZV     | \$ 176,400.00 |
|         |            |               |      |                           |           |    |      |        | TOTAL      | \$ 176,400.00 |

Please note that Paying Office and ADP have been updated as follows:

|               |        |        |
|---------------|--------|--------|
|               | FROM:  | TO:    |
| Paying Office | SC1018 | HQ0337 |
| CA ADP POINT  | SC1012 | HQ0337 |

\*\*\* END OF NARRATIVE G 001 \*\*\*